

DEC 11 2007

PTO/SB/97 (04-07)

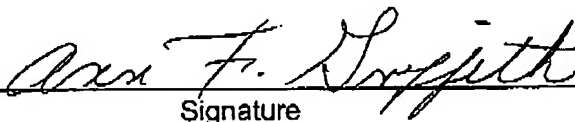
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10/786,217

CL 1375 CONT., Petition to Revive, RCE Application, Amendment, Extension of Time, Fee Transmittal

Page 1 of 11

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,500.00

Complete if Known

Application Number	10/786217
Filing Date	February 25, 2004
First Named Inventor	Edmund Arthur Flexman, et al.
Examiner Name	Vickey M. Ronsesi
Art Unit	1714
Attorney Docket No.	CL1375USCNT

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 310	155	<input type="checkbox"/> 510	255	<input type="checkbox"/> 210	105	0.00
Design	<input type="checkbox"/> 210	105	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 210	105	<input type="checkbox"/> 310	155	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 310	155	<input type="checkbox"/> 510	255	<input type="checkbox"/> 620	310	0.00
Provisional	<input type="checkbox"/> 210	105	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50.00	=			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	210.00	=			

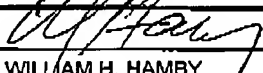
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	260.00	0.00

4. OTHER FEE(S)☐ Non-English Specification, \$130 fee (no small entity discount)☒ Other (e.g., late filing surcharge): Petition to RevokeFees Paid (\$)
1,500.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	31,521	Telephone	(302) 992-3230
Name (Print/Type)	WILLIAM H. HAMBY	Date	12-11-07		

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